2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: *

DOCUMENT # 753329 Aug 24, 2000 8:00 am Secretary of State 1. Entity Name HEATHER RIDGE WEST III ASSOCIATION, INC. 08-16-2000 90009 017 ****61.25 Principal Place of Business Mailing Address 3439 EAST LAKE RD 3438 EAST LAKE RD PALM HARBOR FL 34685-2413 PALM HARBOR FL 34685 US Mailing Address 2. Principal Place of Business ALIBER DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 32708 Applied For City & State 4. FEI Number City & State 59-2987587 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34684 -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARJORIE BRAWN Street Address (P.O. Box Number is Not Acceptable) NOLAN, JAMES M 3438 EAST LAKE RD PALM HARBOR FL 34685 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. σī TITLE Change Addition TITLE Delete NAME NAME PIANETTO, NICHOLAS STREET ADDRESS STREET ADDRESS 1375 DOOLITTLE LN #304 CITY-ST-ZIP **DUNEDIN FL 34698** CITY-ST-ZIP ☐ Addition ☐ Change TITLE PD Delete TITLE ventola, samuel NAME NAME STREET ADDRESS STREET ADDRESS 1375 DOOLITTLE LANE, #203 CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** ☐ Addition Change TITLE ☐ Delete TITLE O'CONNELL, JOHN NAME NAME ¥201 STREET ADDRESS STREET ADDRESS 1375 DOOLITTLE LANE CITY-ST-7IP CITY-ST-ZIP DUNEDIN FL 34698 ☐ Change Addition TITLE P >> TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP UNEDIN_ ☐ Change Addition TITLE ☐ Delete TITLE 530 ABNON -DONNA NAME NAME 1375 DOOLITTLE LN STREET ADDRESS STREET ADDRESS DYNEDIN CITY-ST-7IP CITY-ST-ZIF X Addition Change TITLE 📂 TITLE Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #